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ABSTRACT

This paper defines issues concerned with the needs of children prenatally exposed to alcohol and drugs, delineates solutions, and identifies obstacles and barriers. The primary issue is seen to be identifying those individuals and services likely to contact these infants and young children and to provide such individuals with appropriate training so that early identification is facilitated. Alternative solutions are considered in the context of the importance of the community for planning and development of prevention and intervention services. Among recommendations are expansion of the role of Interagency Coordinating Councils to address all needs of children, schools' use of team building models from business, and emphasis in inservice programs on the topics of collaboration and improving partnerships with parents. Obstacles and barriers are noted, such as avoidance of the problem by many school systems. Service providers are urged to stress interagency collaboration and to avoid stigmatizing children by labeling. (DB)

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Examination of Issues Related to In-service Programming for Personnel Working with Children Who are Prenatally Exposed to Drugs and Alcohol

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It has been estimated that two out of every 1000 babies are born with disabilities because of maternal consumption of alcohol (Plummer & Avery, 1990). Many researchers believe these estimates to be significantly underrepresentative of the magnitude of the problem. Often, it has been found that prenatally substance exposed children do not come to the attention of professionals at birth (Heflin, 1992). This belief is reinforced by data from the Office of Inspector General (1990), which indicated that about 80% of the children affected will not be identified until they reach the age of two or three, and maybe not until school-age.

The America 2000 Initiative offered by the U. S. Department of Education proposes as Goal 1, a focus on ensuring that all

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children begin school ready to learn. This goal is particularly important when talking about children who have been prenatally exposed to drugs and alcohol, in part because the early years are critical to a young child's future development. The specific objectives related to implementation of this goal also hold promise for ensuring the future of these and other children in that they suggest that all children who are disadvantaged and disabled have access to high quality and developmentally appropriate preschool programs. Another objective relates to a commitment to parents (guardians) and their involvement in the educational process, including needed training and support provisions. A third objective calls for children to receive the nutrition and health care that they need.

Although our current procedures fail to provide highly reliable data on the numbers of children being affected by prenatal exposure to drugs and alcohol, there is evidence that there are large numbers of children who are in our communities and schools whose disabilities may be attributed to these unfavorable prenatal conditions.

Because we have only recently recognized the seriousness of the problems presented by many children who have been prenatally exposed to drugs and alcohol, there has been little emphasis in the formal training programs of direct service providers on how to meet the unique needs that these children present. If service providers are to be able to meet the daily challenges presented by these children (and their families), it is important that they be given the opportunities to increase their knowledge, skills, and

understanding of how to effectively and efficiently meet these challenges. One of the most effective ways to provide new information to large groups of professionals (and paraprofessionals) is through in-service programming. It is, therefore, the intent of this paper to: (a) further define the issue, (b) delineate some solutions for consideration, and (c) highlight some of the obstacles and barriers that exist related to in-service programs designed for service providers of children who have been prenatally exposed to drugs and alcohol.

Defining the Issue

The primary issue with regard to providing services for children affected by prenatal exposure to drugs and alcohol revolves around several questions:

1. Is it possible to determine which individuals and services are likely to come in contact with these young children in order to facilitate early identification of problems? If so, could in-service strategies be targeted to those individuals and services?

2. What do direct service providers (e.g., medical and other related service personnel, teachers) need to know in order to appropriately serve these children? Is it important for them to have information on effective interdisciplinary collaboration techniques? How can the in-service model reflect a family-centered approach?

3. Who are those that need this in-service? Do local school personnel, as well as community agency personnel, need in-service?

4. How can local Interagency Coordinating Councils (ICC) be strengthened to meet the needs of children who reside in families affected by substance abuse?

5. In order for in-service to be effective at the local level, do the programs need to be developed from "within" the community? If so, how can a framework or system be developed that will make the efforts effective and efficient?

6. How will in-service be presented? What models are available that are tailored to meet the unique needs of the adult learner? Do we need to develop new in-service models?

In giving consideration to the above-mentioned questions, any ideas generated must revolve around the development of partnerships with parents and the unique resources available in the community where the services are to be provided. Another issue that is critical in the early planning stages relates to how the funding of in-service programs is to be determined and coordinated among the various community agencies. It is reasonable to assume, given the nature of the in-service training to be delivered, that a wide variety of funding sources will need to be identified and utilized. These may include federal, state, and local community dollars. The financial support will, most likely, come from monies currently available to examine current issues related to drug and alcohol use, as well as other funds designated for education and training.

Alternative Solutions

As service providers seek solutions to the problems presented by children who are affected by drugs and alcohol, it is important to focus on the community. The community must be considered as the pivotal point for planning and development of any prevention/intervention services. Input must be obtained from as broad a cross-sampling of the community as possible. This would, at minimal, include parents, schools, community-based agencies (e.g., day care, mental health), businesses, churches, and other community-based service organizations. While schools will be charged with addressing the educational needs of children affected by substance use, the community-generated ideas are likely to better address the more global areas of concern, including family issues, social/emotional development, and transitional planning. Community involvement in all stages of the prevention/intervention effort will help ensure support for the programs as they are developed and implemented.

At the community level, it is suggested that the local ICC be strengthened and broadened to address all needs of children, and not be limited to the 0-3 age population. This is important because, as these children grow older, there must be a planned and coordinated effort in place to ensure the continuation of appropriate services.

Schools should be encouraged to look to the business arena for "team building" models that are effective. The business world has been involved in team building for many years and may have models or strategies that could be effectively applied to education. As we

educators become more involved in cross-disciplinary activities, we recognize a need to explore, accept, develop, adapt, and adopt mechanisms that will enable us to be more effective community participants. As we identify models that work, dissemination of these models would greatly enhance the field.

When planning in-service programs, two topics are considered essential. The first topic is "collaboration." Educators seldom receive formal preparation on how to be effective collaborators (and communicators). In order to become effective participants in a cross-disciplinary service delivery system or a system that needs to be interactive with the community, collaboration skills are critical.

The second important in-service topic is "improving partnerships with parents". If educators hope to solicit input from parents in the community, they must involve them more effectively in a partnership relationship. Although we give a great deal of lip service to the importance of parents, we often fail miserably in actively involving them in the education of their children. Hopefully, as educators, we are beginning to recognize and acknowledge our inability to "do it all" and are becoming more willing to reach out to parents (and families) and other significant helpers within the community.

In-service programs may become more generic in nature as the result of community-agency input. In-service programs may also utilize local resources that are not presently being fully tapped. Once community collaboration develops, it could be expected that more private and public resources will become

available to the schools. As these community partnerships emerge, it is likely that the in-service programs of the future will be quite different from those of the present.

In planning in-service programs, much attention is focused on the desired outcomes, content, presentation methods, and who will be involved in the activity. While these things are important, in-service planners must not overlook the evaluation component. Any in-service plans which are implemented should provide for systematic follow-up to measure the effectiveness and efficiency in addressing the targeted outcomes. As communities become more involved in a collaborative effort, more individuals, agencies, and institutions will be interested in whether the in-service has been effective in improving the status of schools, staff, professionals, and children. Positive outcome data will likely ensure continued personal and financial support of the community.

Obstacles and Barriers

In this section, major obstacles or barriers have been identified and briefly addressed. These include the need to: (a) face a new and difficult challenge, (b) recognize the interagency and interdisciplinary nature of in-service training, (c) recognize that new paradigms for in-service training are required, and (d) move away from stigmatizing labels.

Facing a New and Difficult Challenge

Many school systems are still playing the avoidance game, hoping that the issue of providing services to children who have been prenatally substance exposed will disappear before they have

to openly address the concern. Educational decision-makers often selectively read parts of articles that stress that the children prenatally exposed to drugs and alcohol are not a new kind of children. Instead, they focus on the fact that as infants many of these children show no early signs of developmental delay - a fact which is undeniably true, while failing to follow ongoing research studies that indicate a dramatic increase in learning and social/emotional problems as these children begin to reach school-age.

It must be recognized that crack/cocaine has had a dramatic impact upon early intervention programs. As professionals, we face a new set of problems--different and unique from what we have experienced previously--while at the same time we face a shortage of funding and other resources needed in order to deal with young victims of the drug epidemic.

The number of cocaine-exposed children has changed many human service positions and placed new responsibilities on the service providers in order to try to meet the needs of children. Because substance-abusing parents tend to be unstable, major issues such as basic survival needs--food, shelter, and safety, and parenting ability, become important elements in the intervention/treatment programs for children. Protective service referrals and foster care placements are also important components.

A tidal wave of children who have been substance exposed and their families are converging on the school systems. The facts can no longer be ignored. Many children will require special education

services and related services in and out of the regular classrooms. Facing this new and difficult challenge is a significant barrier to overcome.

Interagency and Interdisciplinary Nature of In-service Training

The very nature of the problem being addressed in this paper necessitates interagency collaboration. All service providers dealing with these children should have specialized information related to how to work with child protective services, social service agencies, corrections, drug and alcohol treatment programs, educators, as well as health and mental health professionals. Knowledge and understanding of the roles/responsibilities of other helping professionals facilitate each of our abilities to work effectively with each other. In-service training should be a community commitment with educators learning with and from their co-workers in human services. New ways to cooperatively share and learn must be explored without further delay.

New Paradigm for In-service Required.

Change is never easy. As educators, we must recognize the new challenges that are before us. In a recent issue of Infant-Toddler Intervention, Lesar (1992) highlighted some of the challenges we face:

> Service delivery programs must allow for ongoing supervision, consultation, and peer support so that problems, feelings, and particularly troublesome treatment issues can be shared. Staff support methods, including monitoring caseloads,

> respecting feelings of the ineffectiveness, and (ongoing) staff education are essential to prevent burnout and turnover.
>
> Working with families introduces problems and issues most teachers will not have faced. Special training and support will be needed to work through prejudice, negative attitudes and to approach parents with positive and helpful suggestions and assistance. (p. 49)

Stigmatizing by the Need to Label

The labeling of children prenatally exposed to drugs and alcohol is a major issue that must be addressed. Are educators to be trained to teach children who are pervasively developmentally delayed, or who have attention-deficit disorders, or who are substance exposed, or "crack kids"? Is it necessary that these children be categorized or labeled? It is hoped that the majority of the children will be educated in regular classrooms with special assistance when it is warranted. Children prenatally exposed to drugs and alcohol do not all have the same characteristics. The individual needs of children must be addressed and teachers provided with training to deal effectively with a wide variety of behaviors and learning requirements.

Concluding Statements

Service providers are being faced with new and difficult challenges. Many of the "tried and proven" methods of the past are not effective with children prenatally exposed to drugs and alcohol. The challenges call for a new way of "doing business;" the challenges require collaborative efforts among all community service providers as we seek more productive ways of providing effective services to children and their families. In-service

planning, development, and implementation are mechanisms to ensure that service providers receive new information and learn how to work together for the good of America's children.

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